



**PATENT**

Attorney Docket: 1253 CIP CON FWC3 CON2  
(203-630 CIP CON FWC3 CON2)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS: David T. Green et al. EXAMINER: Brian D. Nash  
SERIAL NO.: 10/753,248 ART UNIT: 3721  
FILED: January 8, 2004 DATED: November 8, 2007  
FOR: APPARATUS AND METHOD FOR APPLYING SURGICAL  
STAPLES TO ATTACH AN OBJECT TO BODY TISSUE

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL FORM**

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE FEE	ADDIT. RATE FEE
TOTAL	6 MINUS 20	= 0	X 25 \$	X 50 \$ 0.00	
INDEP.	6 MINUS 3	= 0	X 105 \$	X 210 \$ 0.00	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			X 185 \$	X 370 \$ 0.00	
			TOTAL	OR TOTAL \$ 0.00	
			ADDIT. FEE	\$ 0.00	

**No additional fee is required.**

\* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

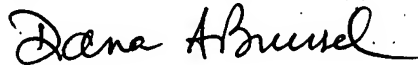
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop AMENDMENT, Commissioner for Patents, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 on November 8, 2007.

Dated: November 8, 2007

Dana A. Brussel

- ☐ Please charge Deposit Account No. 21-0550 in the amount of \$\_\_\_\_\_. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



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